



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE Commissioner for Patents

Washington, D.C. 20231 Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence.

ppropriate. All further correspondence indicated unless corrected below or dis		ected otherwise in Block 1, by (a) specifying a new correspondence of				ress; and/or (b) indicating a s	eparate "FEE ADDRESS" for	
naintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or accompanying papers.			
26389 759 CHRISTENSEN,		05/21/2002 NOR IOHN	ISON KINDNES	SS.		apers. Each additional paper must have its own certificate o		
PLLC	OCOM			,,,		Certificate of Mailing or Tr	ansmission	
1420 FIFTH AVENUE		1011 8			I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.			
SUITE 2800		/	سر خرا		envelope address transmitted to the	sed to the Box Issue Fee addr e USPTO, on the date indicate	i below.	
SEATTLE, WA 98	101-2347	AUB 27	AMZ 2		Pamela M		(Depositor's name)	
					Parel	le Surken	(Signature)	
1		To make the	MRKET		August 2	0, 2002	(Date)	
09/107/110		TRADEMARK SET				ATTORNEY DOCKET NO	CONFIRMATION NO.	
		NG DATE FIRST NAMED INVEN			TOR	777.161US1	7561	
09/107,110	06/	30/1998 JON R. BERRY 777.161US1 7361 OPERATING SYSTEM THAT DEFINES DEFAULT DOCUMENT FOLDER FOR APPLICATION PROGRAMS						
TILE OF INVENTION: COMPUTER OPERATING SYSTEM THAT DEFINES DELACED BOSCONDATE STATEMENT OF THE STATEMENT OF T								
					ICATION FEE TOTAL FEE(S) DUE DATE DUE			
APPLN. TYPE	SMAI	L ENTITY	ISSUE FEE	PUBL	SO SO	TOTAL FEE(S) DUE	08/21/2002	
nonprovisional		NO	\$1280		30	\$1200	•	
EXAMINER			ART UNIT	CLASS-SUBC	CLASS			
HUYNH, BA			2173	345-8470	00			
1 Change of correspondence address		the names of or agents OF single firm (on the patent fro	nt page, list (1) Chris	tensen O'Connor	
CFR 1.363).					For printing on the patent front page, list (1) names of up to 3 registered patent attorneys agents OR, alternatively, (2) the name of a gle firm (having as a member a registered 2			
☐ Change of correspondence address Address form PTO/SB/122) attached								
1 b HP AddRiedication for PEas		Address" Indication form			gent) and the names of up to 2			
PTO/SB/47) attached. Use of a Cus		tomer Number is required. is listed, no nar			ne will be printed.	3		
3. ASSIGNEE NAME AND	RESIDEN	CE DATA TO	BE PRINTED ON THE	PATENT (print	or type)			
PLEASE NOTE: Unless a	n assignee	is identified bel	ow, no assignee data wi	ill appear on the	patent. Inclusion	of assignee data is only approp	riate when an assignment has	
been previously submitted to the USF (A) NAME OF ASSIGNEE		is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has TO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Microsoft Corpora								
MICIOSOIL COIPOIA								
Please check the appropriate	assignee c	ategory or categ	ories (will not be printed	d on the patent)	⊔ individual	XXcorporation or other priva	te group entity U government	
4a. The following fee(s) are enclosed:		4b. Payment of Fee(s):						
XI Issue Fee		MA check in the amount of the fee(s) is enclosed.						
☐ Publication Fee		☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to						
☐ Advance Order - # of Copies		Deposit Account Number(enclose an extra copy of this form).						
Commissioner for Patents is	requested	to apply the Issa	e Fee and Publication F	ee (if any) or to 1	e-apply any previ	ously paid issue fee to the appl	ication identified above.	
					<u>,</u>	<u>.</u>		
(Authorized Signature)		Ti de	(Date)	solor.			. /	
Reg. No. 42,071	Adam	L.K. Ph	ilipp	<i>(</i>		9460 BERREI HP 00000115	09107110	
		on Fee (if required) will not be accepted from anyone ed attorney or agent; or the assignee or other party in United States Patent and Trademark Office.			V8/28/2002 HIECKLU2 00000115 09107110 1280.00 OP			
interest as shown by the re	cords of th	e United States	Patent and Trademark O	on is required to	wi Hi	144	ILDVIIV C.	
This collection of inform obtain or retain a benefit application. Confidentiali	by the pul	blic which is to	file (and by the USPT	O to process) ar				
application. Confidentialities estimated to take 12 minu completed application for	ty is govern	plete, including	gathering, preparing, as	nd submitting the				
completed application for case. Any comments on	nn to the the the amou	int of time you	require to complete	this form and/or				
suggestions for reducing Patent and Trademark Of	inis burden fice, U.S. I	tint of time you require to compare this and an						
NOT SEND FEES OF Commissioner for Patents	COMPL S, Washingt	on, DC 20231.	O IO IUD ADDRE	GG. GEND TO				
			s serious are required	to respond to a	s I			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.